

Problem Solving Court Request for Reimbursement

_____ County, for the quarter ending _____, 20_____.

The funds requested were expended as shown below:

Salaries: \$ _____

Benefits: \$ _____

Total Request: \$ _____
(Proof of Request Attached)

(Signature)

(Title)

Approved by:

Scott Carlson, Statewide Coordinator for Problem Solving Courts

Date:

Please mail to:

Scott Carlson
P. O. Box 98910
Lincoln, NE 68509

